

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

APPLICANT(S)

767062

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
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TOTAL IND.	2					
TOTAL DEP.	1	↓	↓	↓		
TOTAL CLAIMS	3					

	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.		↓	↓	↓		
TOTAL CLAIMS						

LAST AVAILABLE COPY